



COPY OF PAPERS
ORIGINALLY FILED

DOCKET NO.: CE08897R

T.D.
MP
2661
\$

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Love et al.

APPLICATION NO.: 10/068,443 FILED: 2/6/02

CONFIRMATION NO.: 9547 GROUP ART UNIT: 2661

TITLE: METHOD AND APPARATUS FOR RECEIVING DATA IN A WIRELESS COMMUNICATIONS SYSTEM

Certificate of Mailing

Date of deposit: May 1, 2002

I hereby certify that this paper is being deposited with the United States Postal Service on the date indicated above, as first-class mail, with sufficient postage attached thereto, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C.

Tanya Scheuer
Signature of Person Mailing Paper

Tanya Scheuer
Printed Name of Person Mailing Paper

Assistant Commissioner for Patents
Washington, D.C. 20231

Attention: Customer Service Center
Initial Patent Examination Division

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Sir:

Responsive to the Notice to File Missing Parts of Application dated aPRIL 2, 2002, please find enclosed:

- | | | |
|-------------------------------------|----------|--|
| <input checked="" type="checkbox"/> | <u>7</u> | pages Declaration Combined with Power of Attorney |
| <input checked="" type="checkbox"/> | <u>1</u> | page copy of Notice to File Missing Parts of Application |
| <input checked="" type="checkbox"/> | <u>6</u> | Pages Assignment and Agreement |
| <input checked="" type="checkbox"/> | <u>1</u> | Page Recordation Transmittal Sheet |

The Commissioner is hereby authorized to charge all fees due to Account No. 13-4772. A fee transmittal is enclosed.

Respectfully submitted,

SEND CORRESPONDENCE TO:

CUSTOMER NUMBER 22917

By:

Steven A. May

STEVEN A. MAY

Attorney of Record

Reg. No.: 44,912

Telephone: 847-576-3635

Fax No.: 847-576-3750

PTO/SB/21 (08-00)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission 19

Application Number	10/068,443
Filing Date	2/6/02
First Named Inventor	Robert T. Love
Group Art Unit	2661
Examiner Name	Unknown
Attorney Docket Number	CE08897R

ENCLOSURES

(check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/Declaration(s)

☐ Extension of time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Documents

☒ Response to Missing Parts/
Incomplete Application

☐ Response to Missing Parts
Under 37 CFR 1.52 or 1.53

☒ Assignment Papers
(for an Application)

☐ Drawing(s)

☐ Licensing-Related papers

☐ Petition

☐ Petition to Convert to a
Provisional Application

☐ Power of Attorney, Revocation,
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CDs

☐ After Allowance
Communication to Group

☐ Appeal Communication to Board
of Appeals and Interferences

☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter with appropriate copies

☒ Other Enclosure(s) (please identify below)

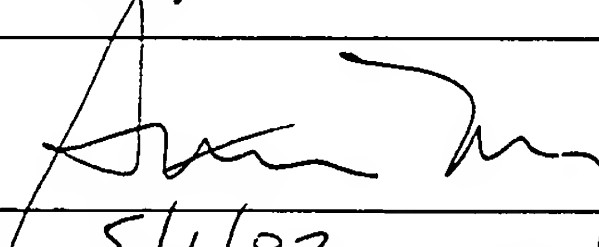
☒ 7 pages Declaration Combined with
Power of Attorney

☐ sheet(s) formal drawings

☒ copy of Notice to File Missing
Parts of Application

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

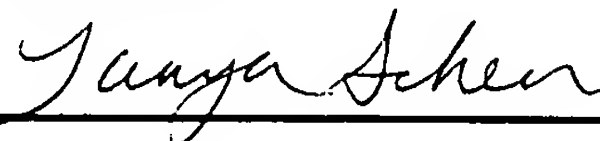
Firm or Individual	Steven A. May	Registration No.	44,912
Signature			
Date	5/1/02		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date listed below:

Typed or printed name Tanya Scheuer

Signature



Date

5/1/02

FEE TRANSMITTAL		Complete if Known	
Patent fees are subject to annual revision		Application Number	10/068,443
		Filing Date	2/6/02
		First Named Inventor	Robert T. Love
		Examiner Name	Unknown
		Group Art Unit	2661
TOTAL AMOUNT OF PAYMENT	(\$) 170.00	Attorney Docket No.	CE08897R
METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number: 13-4772 Deposit Account Name: Motorola, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Large Entity Fee Code (\$)	
FEE CALCULATION		Small Entity Fee Code (\$)	
1. BASIC FILING FEE		Fee Description	
Large Entity Fee Code (\$)		Fee Description	
Small Entity Fee Code (\$)		Fee Description	
Fee Paid		Fee Description	
SUBTOTAL (1) (\$) 0.00		Fee Description	
2. EXTRA CLAIM FEES		Fee Description	
Previously Paid**		Fee Description	
Extra Claims		Fee Description	
Fee from below		Fee Description	
Fee Paid		Fee Description	
SUBTOTAL (2) (\$) 0.00		Fee Description	
**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.		Fee Description	
*For Reissues, see above		Fee Description	
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type): Steven A. May		Registration No. 44,912	
Signature: [Signature]		Telephone 847-576-3635	
		Date 5/1/02	